



AKSI STOP AIDS PROGRAM
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1. INTRODUCTION

The implementation of the ASA Program's comprehensive set of activities focusing on all major at risk populations throughout the ten provinces continued on schedule this quarter. Two major highlights follow.

It has now been just over a year since the Sentani Commitment was endorsed by provincial leaders and senior central government officials as an expression of their support for condom promotion, harm reduction, ARV treatment, reduction of stigma and discrimination, appropriate policy change, and HIV/AIDS prevention in six priority provinces. The results of an evaluation of the first year, which were presented at a high level meeting in February, highlight the progress local governments have made in planning, leading, and supporting a local response to the epidemic. As the numbers of cases of HIV and AIDS in these and other provinces continue to rise, however, local authorities will remain under pressure to intensify measures not only to tackle prevention but also to anticipate the increasing numbers of people in need of adequate care, treatment, and support.

In most countries, HIV prevalence within prison populations tends to be much higher than in the general population. Indonesia is no exception: several institutions have reported HIV infection rates at more than 20%. It is difficult to ascertain the proportion of pre-existing infections to those contracted while in prison, but at the very least it is clear that the widespread practices of sharing unsterile injecting equipment and unprotected sex between inmates are putting too many people at risk. Urgent action is needed to make prisoners and prison staff aware of the risks and provide them with some means of protection. It is to be hoped that the approval of a National Strategy for HIV and Drug Use in Prisons, the first draft of which was produced in March, will open the door for a range of effective interventions to prevent infection, address drug dependence, and provide appropriate care for HIV positive inmates.

2. PROGRAM IMPLEMENTATION AND ACHIEVEMENT

RP1: Increased Risk Reduction Behavior and Practices

1.1 Female Sex Worker Peer-led Interventions and Client Interventions

For programs that are aimed at changing people's behavior, the starting point is their existing behavior, and the motivations behind it, both individual and environmental. The more that is known about the environment, and the characteristics and behavior of the target populations within it, the better the chances of program success. Over the years, ASA has developed and supported a range of initiatives with the intention of uncovering such information. The Behavior Surveillance Survey, which is currently underway in all ten ASA provinces, is one example, but smaller-scale, more in-depth studies can complement and enrich such data by providing deeper insights into what influences behavior among certain groups. The BCI team is currently nearing the end of the data

collection phase of a sexuality study among FSW, waria, MSM, and clients in Jakarta, Surabaya, Manado, Medan, and Batam, and data analysis has already begun. The outcomes will be fed into the design of future interventions.

This kind of social research can also have valuable payoffs at the individual program level. PKBI Central Java has been carrying out a series of interventions—outreach and STI services—in the Sunan Kuning brothel complex in Semarang over the last two years. The program is running well, and it is hoped that it can eventually be handed over to the management of the complex. To ensure that this will work properly, an ethnographic study is being conducted into the informal social structures and networks in the complex. This will yield valuable insights for the direction of the program that may also be transferable to other similar areas.

For all sex worker and client interventions, the goal is to increase condom use. The low level of condom use in commercial sex is the principal factor in the transmission of HIV and STI between sex workers and clients, and thence into the general population. Early interventions focused on raising awareness among FSW, providing STI services, and making condoms more easily available; however, if a sex worker insisted on her client using a condom, he could—and usually would—simply go elsewhere. In brothel complexes and entertainment areas where a 100% Condom Use Policy has been established, on the other hand, clients do not have this option, since, with the support of their employers, all sex workers will refuse to have unprotected sex. Efforts are being made to implement such policies in several cities, including Tegal, Central Java, where staff from ASA's provincial office served as resource persons for a 100% Condom Use workshop. The workshop, which was organized by PKBI Tegal, took place in a brothel complex where the management has agreed to introduce such a policy. Once the program is running there, PKBI will encourage other brothel complexes to do the same.

Much of ASA's training for NGOs is focused on building the capacity of new, inexperienced outreach workers, but it is equally important to maintain the motivation of existing staff through opportunities to share experiences, learn new skills or just refresh existing ones. Two four-day refresher training courses were held in West Java (January 11–16) and Jakarta (January 17–20) this quarter. In each region, all ASA's implementing agencies—including those providing clinical services—were invited on the first day for a reorientation to the overall program. The remaining days were allotted specifically to outreach NGOs, focusing on problem analysis and solving. A new feature that will be incorporated in future outreach training was an introduction to VCT and case management. While encouraging people in vulnerable populations to get themselves tested for HIV is often one of the objectives of outreach, those working in the field may not be fully aware of the concepts behind VCT, or the function of case management. With a better understanding of the purposes of such services, outreach staff will be better equipped to convince their clients of the need, and collaboration between outreach and clinical services should see some improvement.

The inclusion of a VCT component in outreach training is one of the changes made following a review of the overall strategy for behavior change interventions last October.

Further adjustments and refinements of the strategy were discussed during a communication strategy meeting on January 18.

Uniformed Services

Towards the end of 2003, Indonesia's armed forces took the step of acknowledging the need to tackle the issue of HIV/AIDS among their personnel. Over the intervening months, they have established an AIDS Commission (KPA) in the Ministry of Defense and, with ASA's support, trained several hundred core trainers and peer leaders to educate their colleagues about HIV/AIDS and safer sex. Nevertheless, there were indications that program implementation was not fulfilling expectations. To find out why, a rapid evaluation of 10 trained peer leaders from each of the three branches of the military was conducted over a three-day period (March 8–11) in Jakarta. Five key factors were identified as obstacles to the delivery of information through peer networks.

The principal reason was the lack of strong support from battalion or platoon commanders for the activity, which, along with the absence of an official letter of assignment or formal identification as peer leaders, contributed to a perceived lack of authority to carry out the program. This was compounded by some confusion over the reporting system and the logistical difficulties that ensued; and the lack of financial compensation for the extra work involved.

After reviewing the results, the MOD KPA has devised a number of approaches to address the problems. First, there will be an initiative at the senior level of command to restart the program, followed by quarterly meetings for peer leaders in the army, navy and air force, facilitated by the health directors of each force and attended by the commanders concerned. In addition, the KPA will issue each peer leader with a special ID card.

Although this response indicates the military's continued commitment to the peer leader program, they are also supporting a parallel program for delivery through regular training for non-commissioned and commissioned officers. A curriculum development workshop was held on March 2 for the heads of training of each force to get their formal endorsement of the modules that have been developed over recent months. National level trainers will be ready to use the modules, initially for non-commissioned officer training, by June 2005.

IEC Materials Development

Condom use is still very low in Indonesia, although condoms are one of the keys—along with abstinence and being faithful to one partner—to preventing the spread of the AIDS epidemic. One of ASA's priorities is to encourage condom use among men who have sex with men, since they are more likely to practice anal sex, which carries a high risk of transmission. One way of doing this has been through the distribution of Safer Sex Packages, each of which consists of a condom, a sachet of lubricant, and an HIV/AIDS

message. A series of new designs using more appropriate packaging were produced this quarter, on different themes for waria, gay men and male sex workers. Also released this quarter was a 2005 calendar on the theme of safer anal sex for all MSM.

To support the work of the peer leader program in the armed forces, posters, flip charts, and booklets are being developed for the navy, army, and air force. These will be ready for distribution early in the next quarter.

1.2 Prevention Marketing

Talk radio has proven to be an effective means of conveying information and stimulating discussion on issues related to HIV/AIDS and drug use. As such it can be a particularly constructive tool for dispelling the ignorance and stigma that surround HIV/AIDS. Over this quarter, ASA provided RRF support for NGOs to work with radio stations around the country to produce both on-air and off-air programming.

In Bandung, Yayasan Sidikara worked with six radio stations to produce programs focusing on injection drug use and HIV transmission. To tie in with these, interactive discussions were held at several cafes and live reports broadcast.

In January, an off-air event at the University of North Sumatra campus in Medan organized by local station Kiss FM attracted some 5,000 students. A similar activity will be held in May. On-air activities started in March with three stations in Medan and one in Tebing Tinggi. As in Bandung, the shows are targeted at young adults and highlight the issues surrounding IDU and sexual transmission of HIV. In all, 24 shows will be produced and broadcast until June 2005.

Local NGO YBTDB initiated broadcast activities with two stations in Batam with a workshop for the reporters, and program materials are now being developed. The next site will be Pekanbaru, where activities will start at the end of April.

Apart from the mass media, another, potentially very powerful medium for information is religion. The two largest mass religious organizations, Muhammadiyah and NU, together claim the membership of the more than 50% of Indonesia's population—more than 60 million people. Over the last several months, ASA has been working with Muhammadiyah on the development of a book of sermons on themes related to HIV/AIDS, which will be disseminated through Muhammadiyah's extensive network of mosques, schools, universities and women's and youth organizations. The launch of this book, originally due to be held in February, has had to be postponed until April, when it will be attended by Muhammadiyah chairman Syafi'i Ma'arif. Following the launch, a workshop will be held for Muhammadiyah scholars in the Jakarta area on how to make the most effective use of the sermons. They will then disseminate this information to the regions.

With sufficient support, AIDS information delivered through religious channels could have a profound impact on the way the general public perceives people affected by the

epidemic. Further attempts to reach this broad audience and break down the stigma against people living with HIV/AIDS are being made through another traditional form of communication: wayang puppet theater. In July last year, ASA began to support training for puppet masters, or *dalangs*, to include HIV/AIDS messages in their performances. This has led to several well-received performances, and training continued on March 7 with a one-day seminar on drugs and HIV/AIDS for several dalangs.

To ensure the program's sustainability, efforts are being made to seek alternative sources of funding. A proposal was prepared for UNESCO, which in 2003 proclaimed *wayang* as a "Masterpiece of the Oral and Intangible Cultural Heritage of Humanity". An encouraging development was a festival for *dalangs* in Central Java. The event, held in Pekalongan from March 17 to 19, was instigated by a prominent local *dalang* who successfully secured independent funding. The festival was opened by the governor of Central Java and attended by representatives of the province's Narcotics Agency and KPAD.

1.3 Strategies Targeting MSM

In the middle of last year, ASA embarked on a study of sexuality and sexual behavior among various high-risk subpopulations in several cities across the country. The study was prompted by a need to know more about what drives high-risk sexual behavior and the factors that influence people to use, or not to use, condoms—given that, after more than 10 years of efforts to promote behavior change, too many people are still engaging in behavior that makes them highly vulnerable to HIV infection. The results will be an important key—in conjunction with surveillance data—to designing appropriate and effective programs. Data collection among MSM in Manado, North Sulawesi, began in January and will be completed early in the next quarter.

Once analyzed, the data will provide valuable input for LKKNU, one of ASA's implementing agencies in the city, who recently began to plan outreach for the MSM population there. To get a better understanding of the range of interventions that can be done, LKKNU staff spent a week in Surabaya in March working with Gaya Nusantara, one of the country's first MSM NGOs.

Interventions are also likely to start up soon in Semarang, where mapping activities have just begun in order to assess the approximate numbers of waria in the city and identify the locations where they gather.

In Palembang, South Sumatra, ASA supported a seminar on HIV, organized by Perhimpunan Waria Sumatra Selatan for the region's MSM community (March 22–24). There are a number of waria groups in the province but they have, until now, mostly been involved in various charity activities only. ASA's GIPA consultant served as a resource person for the event to encourage their involvement in HIV/AIDS prevention and efforts to reduce stigma and discrimination for both the gay community and people living with HIV/AIDS.

1.4 Strategies Targeting IDU

Evidence from around the country suggests that injection drug use is driving the HIV epidemic in Indonesia faster than any other mode of transmission. However, despite intensive advocacy at all levels, the government has moved very cautiously on this issue. Certain elements of harm reduction programs, including needle exchange and drug substitution, remain highly sensitive for the authorities in spite of convincing indications of their efficacy in HIV/AIDS prevention programs. While some important pilot projects have been approved, there is still no coherent approach, and progress is slow. The latest step forward came in the form of a National Harm Reduction Meeting, held in Jakarta from February 15 to 17. Attended by senior officials from the KPA, BNN, and MOH, as well as NGOs, donors and invited experts, the meeting provided a forum for all participants to offer input that will form the basis of the national strategy on harm reduction. One of the meeting's final recommendations was that the issue should be discussed at cabinet level.

Cooperation with the police was also on the agenda of an ASEAN Inter-City Workshop on Management of Drug Abuse Problems (March 30–31). Speakers from six cities in the region addressed various approaches to the growing drug use problem and discussed the role of rehabilitation therapy in the response.

In the absence of any firm government policy, the IDU NGOs are continuing to reach out to drug user communities to encourage the adoption of lower-risk behavior. For the last two years, Jangkar, the national harm reduction network, has provided a forum through which those working in this field can exchange experiences and information. At the first Jangkar National Congress in Jakarta from February 13 to 14, representatives from 24 NGOs all over Indonesia were joined by police from 13 provinces to establish a shared understanding of the issues and build a foundation for better collaboration in the future. Developing communication channels at this level is vital. Police need to be convinced that harm reduction activities can lead to a decrease in the rate of transmission and that they will not result in an increase in the number of people using drugs.

The Congress also provided an opportunity to introduce Jangkar's work plan for the next two years. Programs will focus on capacity building for NGOs, and scaling up the network's advocacy role by developing an information center. In all, some 80 participants attended the congress.

As well as being part of a national network, NGOs are also coordinating at the regional level. On February 25, five organizations supported by ASA in West Java—Bandung Support Group, Yayasan Sidikara, Yakita, Yayasan Bahtera and Klinik PKBI West Java—met to coordinate their work with injecting drug users in the field, in prisons, in clinics, and through PLWHA support groups. The meeting concluded with an agreement to hold regularly quarterly meetings so that they can be more mutually supportive and better integrated in their coverage.

As discussed earlier in this report, ethnographic studies are a valuable tool in behavior change because they make visible the interactions between certain sub-populations or environments. With this richer perspective informing program design, interventions can be more sharply focused. For this reason, ASA is supporting such studies among various high-risk population groups, including sex workers and clients (see RP 1.1) and IDUs. A three-month study of IDUs in four cities in Indonesia was concluded this quarter, and on March 9 results of the Bandung component were disseminated. A total of 80 participants representing local health authorities and councils from several districts attended the event, which was organized by STKS Bandung in cooperation with Yayasan Bahtera. They showed great interest in the results, which clearly demonstrated both the high mobility of IDUs and the strong networks of injectors across several locations. Since needle sharing is also widespread, this poses serious implications for the spread of the epidemic, and indeed several of the respondents in the study who were HIV positive have already become sick.

Studies such as this can help to reinforce the message that reducing the risk of HIV transmission through injection drug use is extremely urgent, and local authorities, NGOs, and community organizations are increasingly responding to this need. In January, ASA provided rapid response funding for Yayasan Rempah to map IDUs in North Jakarta to assess the need for intervention there. On March 17, the harm reduction team facilitated a TOT for members of a Christian health network. The network operates hospitals and polyclinics all over Indonesia, and intends to develop a working team to provide HIV/AIDS services in Lampung, Jakarta, and Bandung. At the end of the month (March 30), the harm reduction team was invited to be a resource for a training day for the Central Jakarta Health Authority on increasing the participation of community health centers and volunteers in HIV care and prevention for drug users. The training was facilitated by Kios Atma Jaya, which is now in its third year of providing services for injecting drug users and their partners in Central Jakarta.

Initially focusing on outreach and harm reduction activities, Kios Atma Jaya has gradually expanded its services to provide VCT, case management, peer support groups, and care and support for PLWHA. As a model of how an NGO can offer an integrated package of services aimed at reducing the HIV risks associated with injecting drugs, Kios Atma Jaya is a frequent focus of study tours by donors and NGOs alike. This quarter, it was included on the itinerary for USAID's review visit on January 18 and on that of the National Harm Reduction Meeting on February 16. On February 20 a delegation from the Bill and Melinda Gates Foundation with UNAIDS made a visit as part of an observation of FHI's institutional strengthening interventions are helping NGOs to respond to clients' needs.

Some of the approaches used by Kios Atma Jaya will be included in the tips and best practices featured in a manual on harm reduction program implementation that is currently being developed by the MOH, with the assistance of ASA's harm reduction team. This will be a valuable resource for local health authorities and NGOs that are starting up programs to reduce HIV risks among injecting drug users. The draft of the manual is now being revised.

Staying abreast of best international practices is important for all practitioners, and with this in mind ASA supported three members of the harm reduction team and three NGO representatives to attend the International Conference on Drug-related Harm, held in Belfast from March 21 to 24. Four presentations were made by the ASA delegation: integrating services on IDU interventions; initiating a community epidemiology working group in Indonesia; comprehensive services for HIV prevention among IDUs in Jakarta; and using ethnographic analysis to enhance interventions. Working under the theme of “Widening the Agenda”, discussions covered not just drug-related harm but also that resulting from alcohol and tobacco use, as well as human rights and other specific issues on the Harm Reduction agenda, including women, youth and prisons.

A central issue at the conference was access to ARV therapy for IDUs, and this was also addressed in Indonesia in March in a discussion on developing criteria for administering ARV to injecting drug users. The key problem is adherence: people who use drugs are more likely to have erratic or unstable living arrangements than other population groups, and the probability that they will not follow the treatment regimen consistently is therefore greater. This raises the risk of resistance to the antiretroviral medication. Representatives from ASA, Kios Atma Jaya, BPTI and St Carolus Hospital were joined by a WHO consultant to explore possible responses. Two suggestions that have potential for further investigation were the provision of methadone as part of a package with ARV, and conducting a small-scale survey of NGOs that have experience of ARV with IDUs.

1.5 Strategies Targeting People in Prisons

One direct outcome of Indonesia’s repressive approach to illicit drug use is the significant proportion of people in prisons who are drug users, many of whom may already be infected with HIV when they are incarcerated. It is clear that many inmates continue to use drugs while inside, where unsafe practices such as sharing dirty needles and unprotected sex between males are probable contributors to the alarming HIV prevalence rates. At the same time, relatively short sentences mean that prisoners are quickly released back into society, where they potentially contribute to the spread of the epidemic. Within the prisons themselves, where inmates are extremely vulnerable to the risk of infection or of infecting others, they have virtually no access to treatment or care of any kind. Clearly there is a need both for effective risk reduction and prevention services and care, including referral systems. During this quarter, ASA and IHPCP explored the possibilities for establishing referral clinics, hospitals or community health centers for prisons in Jakarta. Two key obstacles that will need to be overcome are 1) the logistics and security issues involved in taking an inmate outside the prison, and 2) reluctance on the part of the medical institutions to accept prisoners.

Prison authorities, in the meantime, need to be able to provide a range of services that ideally would include education for both inmates and staff, VCT, access to clean needles and condoms, drug rehabilitation programs and care and support for HIV positive inmates. These were some of the issues addressed in a National Workshop on the Development of a Strategy for HIV and Drug Use in Prisons organized by the Ministry of

Law and Human Rights (MOL&HR) in collaboration with CHR, IHPCP and ASA on March 30 in Jakarta. A first draft of the strategy was produced and it is expected to be finalized by April.

Similar issues were also on the agenda during a workshop on HIV prevention in prisons in North Sumatra. Thirty-five prison administrators from the region took part in the workshop, which was organized by the provincial KPAD and ASA's Medan office on March 22 to 24. North Sumatra will now follow the lead of Jakarta and West Java and establish a prison working group. With representation from the regional offices of the MOL&HR, MOH, the KPAD, and ASA and its relevant implementing agencies in the province, the group will work towards developing a coherent, public health-based response to prevention and care in the provincial prison system.

In East Java, ASA's NGO partners for harm reduction activities, Yayasan Talenta in Surabaya and Yayasan Sadar Hati in Malang, are preparing to start outreach to IDUs in prisons. A technical orientation and discussion for both NGOs from January 4 to 6 to design appropriate interventions included a visit to Malang Prison.

1.6 Greater Involvement of People Living With HIV/AIDS

Following an internal reorganization, GIPA has been placed alongside Care and Support, VCT and STI services as part of the Clinical Services Unit. A planning workshop was held in Cipanas from February 1 to 3 to sharpen the strategy for the unit as a whole.

The goal of ASA's GIPA strategy remains the same: that people living with HIV and AIDS should be involved in all aspects and at all levels of HIV/AIDS programs; that is, that rather than simply being passive service recipients they should also take on the role of service providers and decision makers. The key constraining factors PLWHA face in this shifting of roles are still stigma and discrimination, but HIV positive people are often also held back because they are not aware of their potential or capacity to become involved in the response to HIV/AIDS. In fact positive people have an important role to play in support, counseling, advocacy, case management, program design and planning and training, to mention but a few.

ASA's revised strategy will encompass empowering and facilitating PLWHA to become more involved, particularly through working with various PLWHA support groups at national and regional level such as Bandung +. With support from ASA, the group organized a charity concert on February 13. Two of the bands on the bill, Komunar and Mood Altering, have members who are HIV positive and are involved in advocacy for PLWHA and drug users. A total of 17 bands from Bandung and Jakarta took part in the event, with several taking the opportunity to promote VCT and encourage drug users to use clean needles.

Advocacy to a different audience is being undertaken by Tegak Tegar, an all-PLWHA group who have presented their "Faces of AIDS" photo exhibition at public events and places all over the country. Between February 14 and 17 they were on the sidelines of the

National Harm Reduction Meeting at Jakarta's Borobudur Hotel, presenting a clear reminder that HIV/AIDS can affect people from all walks of life, and that a positive test result does not mean the end of a healthy, productive, and positive life.

For many people with HIV/AIDS, especially those who are sick, buddies can be a valuable source of support, not just for counseling and companionship but also to help them cope with the practical challenges of daily life such as preparing meals and getting around. Yayasan Srikandi, a Jakarta-based NGO, has worked with the Care and Support team to provide buddy training for a number of waria over the last year, and 20 of them were invited to a refresher training course in Puncak from February 17 to 21. The role of buddies complements that of the more formal health services, but in Indonesia, where limited resources are often made even less accessible by unsympathetic and discriminatory attitudes on the part of health and social workers as well as the public, their work becomes even more important.

Access to government-sponsored ARV therapy is now being rolled out and expanded across the country to meet the MOH's target of getting 10,000 people on treatment by the end of 2005. One outcome is that PLWHA support groups are under pressure to respond to a whole range of new issues that arise when patients begin treatment. In February, Spiritia, an NGO that serves as the national coordinator for PLWHA support groups, trained a number of positive people as treatment educators. Treatment educators can help people who are undergoing ARV therapy to understand and monitor their treatment, educate them about side effects and counsel them on adhering to the regimen. ASA provided support both for this training and for Spiritia's regional meeting for PLWHA from Central and East Java in March.

RP1						
<u>Indicators</u>	Target FY05	Oct-Dec 2004	Jan	Feb	Mar	Total FY05 to Date
~Outreach and BCI Contacts						
<i>Newly Contacts</i>						
-FSW	18,750	5,315	2,834	2,319	2,055	12,523
-IDU	6,000	1,649	709	333	394	3,085
-Transvestites	1,650	764	374	232	379	1,749
-Gay Men	3,750	1,752	379	473	497	3,101
-Prisoners	2,690	1,741	503	275	739	3,258
-Clients/High-risk Men	312,000	116,985	31,260	28,711	34,917	211,873
-General Population	150,000	30,542	8,621	13,655	22,282	75,100

Indicators	Target FY05	Oct-Dec 2004	Jan	Feb	Mar	Total FY05 to Date
<i>Repeated Contacts</i>						
-FSW	-	22,541	7,381	5,871	7,147	42,940
-IDU	-	3,949	2,012	1,653	2,111	9,725
-Transvestites	-	2,321	1,316	1,501	1,046	6,184
-Gay Men	-	4,161	1,510	1,979	2,071	9,721
-Prisoners	-	1,190	1,147	1,086	1,170	4,593
-Clients/High-risk Men	-	5,170	845	456	1,215	7,686
-General Population	-	28,646	3,600	2,321	2,517	37,084
<i>~Referrals to STI Clinics Made</i>						
-FSW	18,750	4,258	2,347	2,476	2,429	11,510
-IDU	150	76	18	12	4	110
-Transvestites	750	485	256	292	262	1,295
-Gay Men	375	126	118	164	114	522
-Clients/High-risk Men	5,250	1,168	927	785	552	3,432
-General Population	-	587	77	71	32	767
~Condoms Distributed	1,500,000	517,226	217,164	176,141	212,381	1,122,912
~Disinfectant Kits (bleach)	3,750	2,225	865	1,086	1,303	5,479
~Media Spots (new)	10	6	-	-	-	6
~Active PE	Target FY05	Oct-Dec 2004	Jan	Feb	Mar	Current Number
-FSW	525	260	199	201	309	309
-IDU	75	56	69	59	54	54
-Transvestites	38	30	36	25	25	25
-Gay Men	38	54	29	30	53	53
-Prisoners	75	56	-	30	30	30
-Clients/High-risk Men	75	98	275	315	276	276
-General Population	188	137	100	164	149	149
~Active Condom Outlets	263	234	346	360	316	316

RP 2: Strengthened HIV and STI Services

2.1 Improved STI Diagnosis and Treatment

STI Management

Screening and treatment for STIs is an important component of any HIV/AIDS prevention program. When left untreated or not treated properly, STIs can significantly increase the risk of HIV infection through sexual intercourse. Vulnerable subpopulations—such as sex workers—that do not have adequate access to STI services are therefore much more susceptible to a rapidly spreading HIV epidemic.

ASA has adopted a dual approach: building the capacity in community health centers and clinics to diagnose and treat STIs, and providing support for outreach and referrals to STI clinics in strategic areas like brothel complexes, entertainment centers and workplaces. Relatively few of those referred actually make it to the clinics, however, which has prompted ASA to rethink its strategy and encourage both the outreach NGOs and the clinics to adopt a more proactive and collaborative approach. One option that is currently being tried out by YPHK and PKBI in Semarang and PKBI in Jakarta is providing support for the clinics on a fee-for-service basis; that is, ASA reimburses the clinics only for the patients they test or treat—an obvious incentive to market their services more actively. The trial period began in January, and, if successful, will ensure that clinics have better survival prospects once donor funding ceases.

One factor that may deter potential clients from taking advantage of STI treatment services is the long wait for test results if the samples have to be sent to regional health laboratories—which, until recently, was the case with serological testing for syphilis. This quarter, laboratory staff from a number of clinics were trained to perform these tests independently. Although the intention is to ensure that such testing uses FDA-approved reagents (which will be provided through ASA), shorter delays in getting the results may also result in more people getting the treatment they need. Training took place in Jakarta on March 15 and 16 for 18 lab staff from clinics in North Sumatra and South Sumatra; and in Jayapura on February 1 and 2, for eight clinic staff from Jayapura, Merauke, Sorong and Bitung (North Sulawesi).

ASA and the MOH embarked on a large-scale study of the prevalence of reproductive tract infections (RTI) this quarter. Starting in Jakarta from February 18 to 25, the study will eventually cover 10 cities, taking a random sample of 250 female sex workers in each. Each respondent is tested for chlamydia, gonorrhea, trichomoniasis vaginalis, bacterial vaginosis (BV), candida albicans, syphilis and HSV, and given appropriate treatment. Respondents are also offered counseling and given condoms. Bandung (March 3–11) and Banyuwangi (March 27–April 3) were also covered this quarter. The current study, which follows a similar study conducted in the same cities in 2003, will provide a valuable illustration of the most recent trends in STI prevalence.

The data from the RTI study were among the data used in a workshop on Clinical Data Analysis held from January 10 to 14. ASA's STI team and staff from MOH's AIDS Sub-directorate were among the participants.

Behavioral surveillance has consistently indicated that sex workers who experience STI symptoms regularly opt for self-treatment with antibiotics, which are freely available without prescription. In such circumstances there is the danger that certain infections may become resistant to the drugs usually used to treat them. A study on gonorrhea susceptibility conducted last year appeared to confirm suspicions that there is very high resistance to ciprofloxacin, the treatment currently recommended by the government. ASA has been actively involved, together with other agencies and experts in Indonesia, in planning an advocacy campaign to urge the MOH to review treatment protocols and initiate a comprehensive STI prevention and care program.

2.2 VCT, Care and Support

Although voluntary counseling and testing plays a vital role in HIV prevention and care, it is still something of an unknown quantity, even for those working in the field, and it is therefore often not promoted effectively. In an effort to encourage outreach workers to "sell" VCT to vulnerable target populations, The VCT team facilitated an introduction to the concept and provided some practical skills during refresher outreach training in Cipanas and Jakarta (January 11–16 and 17–20; see also RP1.1). The team developed some training materials that will be incorporated as a standard training module in future outreach training.

The VCT team also provided an overview of the logical background to VCT for the participants of a workshop on Data Analysis held in Jakarta on March 15 to 18 (see under RP3 for more information), and demonstrated how an analysis of VCT data can provide useful insights in monitoring the epidemic.

Encouragingly, the health sector is becoming more aware of the need for properly trained staff to handle counseling and testing. In February the district health authority in Merauke requested ASA's help to identify appropriate trainers and materials for VCT training. The health authority eventually funded training for 60 people, facilitated by six master trainers.

The private sector, too, is beginning to mobilize resources for VCT as a component of HIV/AIDS prevention programs. Oil and gas company Unocal sought ASA's advice on establishing VCT services both for their employees in Balikpapan, East Kalimantan, and for the local community. ASA offered technical input for a needs assessment, the cost of which will be borne by the company. The VCT team also provided input for an ILO-sponsored workplace program on March 8 for female managers in the fishing industry.

Like VCT, the role of case management in effective care and treatment is also poorly understood, even within the health sector itself. A new NGO, LAYAK, was contracted to carry out an assessment of needs for HIV case management in seven hospitals in Jakarta.

They found that although a large number of people had been identified as HIV positive, little was being done to address their psychosocial needs, despite the presence of case management-trained staff at each hospital. LAYAK's findings have been presented to the Ministry of Social Welfare.

With the close-out of Widuri's contract as ASA's lead partner for case management, LAYAK—which although recently established, has a great deal of expertise among its staff—has been endorsed by the Jakarta KPA to take on the role.

Last year saw the development and delivery of training for Care, Support and Treatment in hospitals across the country that have been designated as referral hospitals for ARV. The training was based on an integrated approach, with teams of doctors, nurses, and case managers from each hospital being trained simultaneously. On-site evaluations of the implementation of the training began in December and continued early this year when a joint team from the MOH, ASA and IHPCP visited the Mitra Masyarakat Hospital in Timika, Papua (January 16–20). After reviewing the results of the assessment, the hospital now plans to switch to rapid HIV testing and to work more closely with the local health authority on ARV administration.

The next phase of the training— advanced CST training—is now in preparation, and two consultants were engaged to work with the national CST team at the MOH on developing the curriculum and training modules. A third consultant went to Merauke to facilitate pastoral counseling training.

Last year also saw the development of national minimum standards for case management and VCT. These standards conform to international best practices and set stringent criteria for the quality and confidentiality of services. Between February 21 and 23 ASA's VCT consultant visited two NGOs in Merauke to assess their progress in implementing these minimum standards. She continued her assessment in Jayapura and Sorong, visiting four hospitals between March 29 and April 4. Her report will be used to guide further evaluation and capacity building needs.

The thousands of people made homeless by the massive earthquake and tsunami that struck Aceh and North Sumatra on December 26, 2004, and more recently by the Nias earthquake, has once again put the spotlight on the difficulties faced by internally displaced persons in Indonesia. These difficulties include serious public health risks. Between February 21 and 23, the VCT team made a site visit to a number of IDP camps in and around Medan, North Sumatra, to gain a better understanding of the issues and the potential risks for STI and HIV/AIDS. The team gave a presentation on VCT and held discussions with the local KPAND (AIDS and narcotics commission) on the possibility of setting up VCT sites in Medan.

ASA's support for training over the life of the program has contributed to the development of a widening pool of highly skilled and experienced counselors and case managers, whose expertise is increasingly recognized and utilized. This quarter ASA

sponsored two such counselors from its implementing agencies in Jakarta and Surabaya to attend a three-week VCT master trainers course in Bangkok.

Clinical Care and Treatment

As mentioned above, care, support and treatment (CST) teams from several hospitals were trained last year as part of the effort to leverage national capacity to provide ARV and meet the government's target of getting 10,000 people on treatment by the end of this year. Since late last year, ASA has been providing technical assistance to the MOH for the development of national training modules for advanced ARV training.

Monitoring and evaluation of the implementation of the training as well as the outcomes will be necessary to ensure that standards are being maintained, the goals of the program are being achieved and that the needs of the end users are being met. Evaluations of the first phase of training are already indicating considerable weaknesses in some cases, and training and delivery models are being rethought to take account of this. A joint team representing MOH, WHO, IHPCP, and ASA is currently working on the development of a set of standard tools to monitor and evaluate the ARV program in hospitals throughout the country. As part of the evaluation design, people living with HIV/AIDS who attend the Kios Atma Jaya and PPTI clinics were interviewed to assess their adherence to therapy and determine the factors that influence this.

Clearly, the ARV hospitals differ widely in terms of resources, capacity, and managerial support, and the range of settings in which they operate is equally broad. One of the best prepared to implement the ARV program is the Dr Soetomo Hospital in Surabaya. As the regional referral center for East Java, it is also a teaching hospital, and there is a good level of interest in and support for the program. For this reason, it has been selected for development as a national model for HIV/AIDS care and support and treatment in a relatively well-resourced setting, and an MOU on capacity building for HIV/AIDS wards is being drawn up. A similar collaboration will later be established in Bandung, while models for HIV/AIDS service delivery in limited-resource settings are to be established in Jayapura and Sorong, Papua.

One of the issues highlighted at the Belfast conference on Drug-Related Harm in March this year was access—or the lack thereof—to ARV therapy for drug users. In Indonesia, as in many other countries, IDUs are faced with considerable obstacles in accessing any medical care, not just ARV. Stigmatization of drug users—especially if they are also HIV positive—is widespread in the health sector. Clearly there is much to be done to raise awareness about the needs and rights of drug users to acceptable standards of care without experiencing discrimination and prejudice, but a start is being made through efforts to guarantee access to treatment and care at certain institutions. On February 4, ASA facilitated discussions between Tarakan Hospital and Kios Atma Jaya, which provides outreach and basic health services for IDUs, on the development of an MOU for CST for PLWHA. The MOU, which will be a formal acknowledgement that Kios can refer patients to the hospital, will define various arrangements regarding fees,

responsibilities, case management and so on. With many hospitals still reluctant to admit HIV positive or IDU patients, this is an important step.

Even with the current emphasis on rolling out the ARV program and getting as many eligible patients as possible onto the therapy, there is still a place for a holistic approach to treatment. Good nutrition, including vitamin supplements and herbal remedies, massage, and healing treatments, may play a part in boosting immunity and helping to overcome the side effects of antiretroviral medications. For people who, for some reason, are not undergoing ARV therapy, complementary therapies could provide an alternative means of managing their own response to the virus. Taman Sringganis has been pioneering some of these approaches over the last few years, and a number of them have been compiled in a book, “Complementary Care”, which was launched in February. The book is being distributed to PLWHA and support groups in the provinces and districts where ASA provides support.

RP2						
Indicators	Target FY05	Oct-Dec 2004	Jan	Feb	Mar	Total FY05 to Date
~Appearing at clinic						
-FSW	11,250	5,476	3,005	2,484	3,449	14,414
-Transvestites	563	368	241	136	186	931
-MSM	188	56	92	97	88	333
-Clients/High-risk Men	1,875	1,402	512	613	550	3,077
~# of Simple Lab-test Performed						
-FSW	11,250	5,207	2,675	2,470	3,368	13,720
-Transvestites	563	97	37	25	56	215
-MSM	188	27	28	97	75	225
-Clients/High-risk Men	1,875	1,287	482	553	485	2,807
~# of VDRL/TPHA Performed						
-FSW	1,125	1,095	220	414	290	2,019
-Transvestites	563	303	10	73	-	386
-MSM	188	135	11	10	-	156
-Clients/High-risk Men	375	310	77	-	-	387
~# of attendees treated						
-FSW	10,125	4,183	2,91	2,019	2,471	10,964
-Transvestites	5,067	90	37	25	56	208
-MSM	169	34	19	31	49	133
-Clients/High-risk Men	1,688	609	202	245	217	1,273

<u>Indicators</u>	Target FY05	Oct-Dec 2004	Jan	Feb	Mar	Total FY05 to Date
~Clinic Personnel Trained	50	10	-	8	18	36
~# of people served at VCT sites						
- <i>Counseling</i>	375	474	334	243	207	1,258
- <i>Testing</i>	375	417	313	236	204	1,170
~# of PLWHA Receiving Care and Support Services	375	250	347	358	346	346

RP 3: Enhanced Capacity and Quality of Government of Indonesia HIV/STI Surveillance Systems and Their Use of Epidemiological Data in Key Decision Making

Surveillance

Behavioral surveillance is an essential component of second generation HIV surveillance, complementing HIV serological data and STI data to provide an understanding of HIV prevalence and changes in the epidemic over time. In Indonesia, behavioral data has been used since 1996 to monitor trends in HIV-related behaviors, attitudes, and knowledge in certain subpopulations regarded as being particularly vulnerable to HIV infection.

In the current round of the national Behavior Surveillance Survey (BSS), which ASA is supporting in 10 provinces, data collection was completed this quarter in among female sex workers and clients in Palembang and Maluku, and is still underway in Karawang, West Java. Here, the survey focuses on male factory workers, and ASA's workplace NGO partners collaborated with the BPS data collection team on March 29 and 30 to introduce the activity at the target sites. Data collection will take place from April 1 to 13, and will be accompanied by HIV education sessions conducted by the NGOs. The survey will continue in April among IDU in Jakarta and Medan and MSM in Bandung and Batam, after which the data collection phase will be complete.

Results from the BSS carried out among high school students in 2002 were presented to a meeting of Jakarta school principals and Education Ministry officials on February 7 as an introduction to the current round of data collection that was to begin the following week. The results give cause for serious concern, but the education department has been slow to recognize the emerging crisis. School officials, on the other hand, are extremely concerned, some of them even noting that the BSS figures on the extent of drug use in schools seemed "too low".

In the Paniai region of Papua, plans to survey HIV prevalence among the general population in Wamena and Enarotali were put on hold after a field assessment from February 28 to March 4 resulted in a strong recommendation not to conduct the survey at this time, due to a combination of extremely challenging geographical conditions and a lack of support from local health authority. However, existing data showing that 60% of all AIDS cases among Papuan people originate from the people of the Mae tribes in Paniai, and that HIV prevalence has already reached 3% among students in Enarotali, indicate a clear need for interventions.

The data yielded not just from biological and behavioral surveillance, but from other sources as well, such as VCT and program monitoring data, provide a rich source of information to guide the planning of national and local responses to the epidemic. Unless sufficient skills are present to interpret the data, however, it is rendered all but useless. It is crucial that those involved in HIV/AIDS programming are equipped with the tools to make sense of the various types of data available. A Data Analysis TOT was held in Jakarta from March 14 to 18 for a team of trainers from BPS, the MOH and ASA, who will train teams in ASA provinces over the coming months. The first training was held in Surabaya on March 21 to 24 for ten people from the MOH offices in the province, STI clinics, the provincial Narcotics and AIDS Commission, and members of the public health faculty of Airlangga University. Further training will be provided in Papua and Jakarta in April.

Staff from BPS, MOH and ASA also took part in a TOT on the use of the Asian Epidemic Modeling software. This models the future scenarios for the epidemic based on current conditions and interventions. This model was developed specifically in response to social conditions and characteristics of the epidemic in Asia. Unlike in Africa, where the epidemic is driven almost exclusively by heterosexual transmission, in Asia there are many high risk behaviors related to drug use and sex. Moreover, the scope of sexual transmission alone encompasses a considerable diversity of risk behaviors. This training, which took place on January 6 and 7, is the first step in a program that will eventually involve training staff at the provincial level so that the Asian Epidemic Model can be used as an additional tool in planning local HIV/AIDS responses.

Estimating the size of the populations thought to be at risk of HIV infection is another vital element of planning. This has hitherto been undertaken at the central level, but responsibility is beginning to be devolved to the provinces. On March 9 and 10 a TOT was held for participants from the provincial offices of ASA and BPS in West Java, East Java and Jakarta, where estimates will be conducted later in the year.

ASA also provided HIV program monitoring and evaluation training for MOH, GFATM and UNAIDS staff on February 6 and 7.

Strategic Planning

ASA had little involvement in strategic planning over this quarter, but the Program Development Unit team was invited to Tanjung Pinang to facilitate the development of

the district's annual program plan on March 1. All the sectors concerned took part in the meeting.

Advocacy

January marked the first anniversary of the Sentani Commitment—a declaration of intent by high-ranking central and provincial government officials to tackle the epidemic in six priority provinces. A number of activities were initiated in preparation for a national evaluation meeting. In January, ASA provided support for senior KPA officials, including consultant Dr Nafsiah Mboi, to evaluate program implementation in East Java, West Java, Papua, Jakarta and Riau. At the same time, dialogs were held in all provinces to discuss achievements and constraints.

The Evaluation Meeting took place on February 13 and 14, with representation from the six original Sentani provinces as well as seven others that have since signed similar commitments, and the leading sectors in the national HIV/AIDS response. The meeting was chaired by Coordinating Minister for People's Welfare Alwi Shihab, who is also the Chairman of the KPA.

Significant progress was noted—all six of the original priority provinces have used the Sentani Commitment to facilitate district governments and the private sector to create an enabling environment in which strategic activities can be implemented. There has been a considerable impact, for example, in sex industry locations, where serious efforts have been made to initiate and support condom use programs, STI services, VCT, and policies to reduce stigma and discrimination. In addition, all these provinces are providing ARV.

Increasingly, this enabling environment is supported by legal frameworks. The Jakarta provincial government has drafted a regional policy on HIV/AIDS, which was put to a public hearing with the related sectors, academics, and other experts on February 8. The policy is now being refined in the Legal Bureau before being submitted to the governor and the regional parliament (DPRD).

A similar regulation that has already been passed in East Java was the subject of a workshop in March at the regional parliament for local legislators, NGOs, the provincial chairmen of NU and Muhammadiyah, and the province's Community AIDS Organization—an alliance between NGOs, government and individuals. The discussion focused on the mechanisms for implementing the legislation, which covers discrimination, condom use, and needle exchange programs, among other matters, and identified weakness in the bylaw that will need to be quickly revised. The province's main ARV referral hospital, RS Dr Soetomo, was charged with the task of designing a comprehensive HIV prevention program for IDU.

RP3						
<u>Indicators</u>	Target FY05	Oct-Dec 2004	Jan	Feb	Mar	Total FY05 to Date
~Press reports on HIV related Issues	180	100	39	36	27	202

RP 4: Strengthened Capacity of Local Organizations to Plan, Finance, Manage, and Coordinate HIV/STI Responses

KPA

According to Indonesia's National HIV/AIDS Strategy, the KPADs, or regional AIDS commissions, are responsible for leading, coordinating and managing HIV/AIDS prevention activities in their respective areas of jurisdiction. While they have often struggled to carry out this responsibility in the past, the momentum generated by the Sentani Commitment seems to have had a galvanizing effect in several areas. The provincial KPAD in Papua, for example, initiated a program of skills-based training for community-based interventions with a course that ran from January 11 to 14. The participants comprised 25 directors and program managers from all ASA-supported NGOs in the districts of Timika, Sorong, Jayapura and Merauke, as well as staff from the provincial and district (Jayapura) KPADs. The training demonstrated how, in community interventions, NGO programs can be more effective if oriented towards facilitating HIV/AIDS components in activities that are already going on in community. The Jayapura KPAD has already requested a resource person from ASA to assist with further training at the district level in April.

As a follow up to their coordination meeting in November 2004, the Central Java KPAD invited ASA to facilitate a workshop to establish a provincial NGO forum from February 3 to 6. As well as NGOs, the forum will include representation by the KPADs in all districts in the province, and it will be funded by the provincial government. A congress is planned for April 15 to develop the program and strategy for the forum. The province is also keen to take on more responsibility for local surveillance. Funded by the provincial government, a team from the MOH and ASA trained provincial and district health officials on HIV surveillance techniques on February 21 to 25.

RP4						
<u>Indicators</u>	Target FY05	Oct-Dec 2004	Jan	Feb	Mar	Current Number
~# of KPAD with a Strategic Plan						
-Provincial	10	10	10	10	10	10
-District	41	30	28	30	30	30
~# of KPAD Members						
Trained in expanded comprehensive response	204	75	75	75	75	75
~# of IAs Completing Annual Financial Review	105	94	97	101	104	104
~# of IAs Submitting Monthly Program Reports	105	91	89	90	90	90

RP5: Increased Leveraging of Non-Program Programmatic Interventions and Financial Resources

In 2004 the Indonesian government took an important step towards preventing the spread of HIV/AIDS and protecting human rights with regard to HIV/AIDS by formally recognizing, in a Ministerial Decree, the need to educate the country's 100 million-strong workforce on HIV/AIDS risks and their rights. This regulation, produced by the Ministry of Manpower, obliges employers to develop policies on HIV/AIDS prevention, protect HIV positive workers from discriminatory treatment and establish occupational health and safety schemes for HIV/AIDS prevention and control.

Much of this quarter was spent working with the Ministry to finalize the technical guidelines for the implementation of the decree, and they will be ratified in mid-April. These will set forth the basic outlines and principles for workplace programs.

The approval, late last year, of Indonesia's proposal for GFATM funding for a scaled up response to the HIV/AIDS epidemic will make a significant contribution to the existing resources for workplace and client interventions currently implemented by ASA and ILO. The inflow of support from this and other sources, while a very positive development, intensifies the need for effective coordination. This quarter, ASA worked with the KPA on the establishment of a working group to coordinate donor responses for workplace/client interventions between the GFATM and ILO and ASA.

Men who work in ports and along highways—whether on ships, as laborers on the wharves or truckers and their assistants—have been identified as being particularly vulnerable to HIV/AIDS. A number of factors contribute to this: they are often highly mobile, spending a lot of time away from home; they have access to income; and commercial sex is usually available in the vicinity. ASA has therefore made raising awareness among this subpopulation a priority through the Healthy Ports and Highways strategy. Over the last year, an initiative involving the KPA, ILO, UNAIDS, IHPCP, and ASA has focused on developing an integrated response centered at the country's major

seaports, starting with Tanjung Priok, Jakarta. At the highest level this is expected to lead to the issuance of a national policy by the Director General of Sea Transportation requiring all port authorities and shipping companies to ensure that HIV/AIDS education is provided for their employees, and that information materials and condoms are available. The Tanjung Priok Port Health Authority expressed their commitment to the program in a meeting on January 31, while a similar commitment was secured from the Port Health Authority in Tanjung Perak, Surabaya, a few days earlier, on January 27. To start the program in Surabaya, a seminar was held on February 24 for Pelindo, the largest employer in the port. The ports of Medan and Semarang will also be targeted under this initiative.

In Semarang, activities are set to begin with workers in the overland transport sector. On February 26, SPTI—one of the country's major transport workers' unions—expressed its commitment to provide training for its 13,000 members in the transport sector in Semarang. They have already started rolling out TOT activities among work unit chiefs.

Indonesia's manufacturing sector is another high-risk sector that employs large numbers of men who are often living away from their families. Relatively high HIV prevalence has often been found to coincide with high concentrations of industry such as in Riau and East Java. ASA has been implementing a strategy of advocacy and facilitation of workplace prevention programs at the company level, through trained local NGOs. This has generated a considerable response and several companies are now running workplace programs independently. This quarter, briefings were held for four major companies that have expressed interest in initiating HIV/AIDS prevention activities: Caltex Pacific Indonesia in Pekanbaru, Riau (February 24); Goodyear and Energizer in Bogor, West Java (March 2); and Bakrie Pipe in Bekasi (March 3). Discussions were also held with Pindo Deli Pulp and Paper in preparation for an event on April 9 to introduce training for 12,000 workers in their two subsidiaries.

In-company TOT and Training

Location	Date	Activity
GT Petrochem in Karawang	January 27–29	TOT
PT BAT Jakarta	March 18	Training for transport and distribution personnel
PT BAT Medan	March 21	As above
PT BAT Cirebon	March 24	As above
PT BAT Yogyakarta	March 29	As above
PT Aspek Kumbong Pulp and Paper, Cileungsi	March 15	TOT
PT Pusri, Palembang	March 29	Program support in relation to company OHS campaign
BKM	March 30	Training for 60 employees (textile industry)

ASA's private sector links are beginning to leverage an awareness of the need for a more comprehensive approach to HIV/AIDS prevention in companies. Unocal, one of the largest oil and gas companies operating in Indonesia, requested ASA's technical assistance for the development of VCT services for company personnel and the surrounding community at their plant in Balikpapan, East Kalimantan.

Monitoring levels of risk behavior in certain populations, and the changes in such behavior over time, is recognized as an important component of HIV/AIDS surveillance. Data from the behavior surveillance surveys that have been carried out in Indonesia in recent years are playing an increasingly significant role in planning and evaluating HIV/AIDS prevention programs, not only by donor agencies but increasingly also by local governments. This year's round of the BSS will, for the first time, include a survey of 1000 workers in 25 companies in Karawang, West Java, to determine the level of risk in the manufacturing sector. ASA's implementing agencies in the area are collaborating with the BPS team to introduce the survey and facilitate data collection (see RP3: Surveillance for further information). The survey activities have already generated interest and opportunities to develop interventions for large numbers of mobile men.

The island of Batam in the Riau Archipelago is home to one of the country's highest concentrations of industry, and as might be expected, a correspondingly high concentration of sex workers has developed, both on Batam and on the neighboring islands. Because of the area's close proximity and easy access to Singapore—it is less than an hour away by ferry—the sex industry is also heavily patronized by Singaporean clients. Over recent months ASA's partner NGOs in Batam have begun to forge a cooperation with HIV/AIDS NGOs in Singapore, and on January 17 they invited them to make a study tour of several brothel areas in Tanjung Balai, Karimun to explore possible collaboration on interventions to clients. One outcome of this is an agreement for the Singaporean NGOs to supply IEC materials and condom packets in these areas, working through the Indonesian NGOs. This activity is expected to pave the way for further collaboration between Singaporean, Malaysian, and Indonesian NGOs to promote HIV/AIDS prevention in the sex industry areas of the Riau Islands.

RP 5						
<u>Indicators</u>	Target FY05	Oct- Dec 2004	Jan	Feb	Mar	Current Number
~# Private Sector Firms with Workplace Programs	100	125	125	127	127	127
~# of employees educated	375,000	223,636	35,500	36,000	7,450	302,586

3. FHI/ASA Management and Staffing

Subproject Development

During this quarter, January to March 2005, the ASA Program managed a total of 91 subagreements, with one new subagreement executed during this period, and 12 subagreements amended. A total of 14 Rapid Response Funding contracts were also implemented this quarter. Agreements with all three Partner Organizations, CHR MacFarlane Burnet Institute, AHRN, and Atmajaya University, continued throughout this period as well.

Please refer to **Attachment 1** for a list of **Subprojects Completed This Quarter** and **Attachment 2** for a **Comprehensive List of All Active Subagreements** and their achievements to date.

Staff Workshop

The ASA Program organized a staff workshop at the Acacia Hotel in Jakarta from January 25 to 28, with all staff from Jakarta and the provinces attending. Several major topics were discussed, including the current status of the program and future prospects, how to facilitate better communications and support of the provincial offices, technical updates, the subagreement amendment process, and a final farewell to the Country Director. There was also a breakaway session for the administration assistances from each province during which the newly revised standard accounting software for provincial offices was introduced and practiced. This software should help greatly to standardize and ensure the quality of financial accounting in the field.

Monitoring and Evaluation

Routine monitoring and recording of program achievements continued throughout the quarter, generating comprehensive data on program coverage and implementation of activities. Special efforts were also taken to analyze this data and provide feedback to intervention design at all levels.

Following the recommendations from the recent USAID program evaluation, ASA has begun the process of designing evaluations for each major intervention looking at both quantity and quality of results. The evaluation of the MSM component has been designed in collaboration with the FHI APD and will be implemented by Atmajaya University during the next quarter. Using a similar methodology, FSW and client interventions will also be evaluated using local resources. IDU interventions will be evaluated by a team of experts from FHI APD towards the end of the next quarter. With these results, ASA will be in a position to quickly expand coverage and increase the quality of all interventions if and when additional funding becomes available.

Staffing

The following staff changes occurred this quarter:

- Irene Sirait resigned her position as a BCI Specialist effective March 31, and was replaced by Erlan Rista Aditya on March 28.
- Farida Arpilaningrum, the administrative assistant in Central Java, also resigned effective February 28 and was replaced by Dwi Lestari on February 14, 2005.

Consultants

The ASA Program has continued to receive technical assistance from the following consultants during this quarter:

- Made Efo Suarmiarta and Supriyanto Slamet have continued to facilitate selected BOST trainings and also assisted in the review and refinement of ASA's BCI strategy.
- Nur Tjahjo, Arifin Firtianto, and Bambang Irawan have continued to design, pre-test, and produce the expanding inventory of IEC materials on HIV/AIDS issues.
- Mitu M. Prie has continued to assist with prevention marketing activities, including participating actively in the review of the communications component of the overall BCI strategy, and IEC development in Papua.
- Hari Purnomo has continued to provide expertise in sample selection for the RTI study currently being implemented in ten cities.
- Dr. Andri Roesli has been hired to provide technical assistance on HIV clinical management, especially within the Jakarta area.
- Claudia Surjadjaja is also providing technical assistance on advocacy and policy development with the national parliament through IFPPD.
- Nafsiah Mboi has continued her excellent work with the National AIDS Commission, focusing this quarter on organizing the workshop to review the results of the first year implementation of the Sentani Commitment.
- Karen Smith was hired for one month to assist Nafsiah Mboi in completing the evaluation report of the Sentani Commitment, including the results of the evaluation workshop in Jakarta in February.

- Adi Sujatno has continued to provided excellent technical assistance in t he development and operationalization of the strategy for HIV/AIDS interventions within the prison system.
- Awalludin continued to assist with confirmatory testing of laboratory samples from partner STI clinics, and was temporarily replaced by Sudiyanto Nugroho during his brief absence to the South Pacific.
- Astrid Wiratna ahs also continued to assist with the training and mentoring of counselors to provide quality care and support for people living with HIV/AIDS, especially in Papua.
- Flora Tanujaya has provided extremely competent assistance as Acting Chief of the Clinical Services Unit in Jakarta.
- As usual, Sally Wellesley has continued to provide her excellent assistance in the preparation of reports and other program documents.

Visitors

The ASA Program received the following international visitors during this quarter:

- Myat Tzu Rasak, IDU Officer from FHI APD visited Jakarta from February 14 to 18 to participate in the National Harm Reduction Conference in Jakarta.
- Ton Smits, Soumin Mitra, Tarig Zafar, and Adoeba Kamarulzama, from the Asian Harm Reduction Network, also participated in t he National Harm Reduction Conference and the associated Jangkar Workshop from February 13 to 18.
- David Jacka from the CHR MacFarlane Burnet Institute also attended the conference from February 13 to 18.
- Danielle Alford, Program Manager from MacFarlane Burnet, also visited Jakarta from January 31 to February 4 to monitor program implementation under their current Task Order with FHI/ASA.

4. Products and Materials Produced This Quarter

The following materials were produced this quarter:

- A Calendar promoting condoms and lubrication targeting MSM.

- Two new versions of the Safer Sex Packages using a puzzle cover targeting MSM.
- A Flip Chart for use by peer educators with the uniformed services.
- A Poster featuring peer educators within the uniformed services.

5. Major Activities Planned for the Next Quarter

The ASA Program will implement the following major activities during the next quarter:

- Amendments for all performing subagreements will be executed to extend funding through December 2005 to ensure there is no gap between ASA and the next phase of USAID programming in Indonesia.
- An Extension Workplan and Budget will be developed and submitted to USAID for review and approval to extend the ASA Program until December 2005.
- Evaluations of the interventions for FSW and Client, MSM and IDU will be designed and implemented over the next quarter, and the surveys on sexuality and the ethnography of the Sunang Kuning brothel complex in Central Java will be completed.
- A workshop to finalize the Strategy for HIV/AIDS interventions within the prison system will be organized in late April.
- Peer leader training for the Indonesian police force will be inaugurated from April 11 to 14 in Jakarta.
- IEC materials will be produced for the military and STI clinical services.
- The RTI Study will continue with data collection in Riau, North Sulawesi, Papua, Central Java, and South Sumatra over the next quarter.
- A training in HIV testing will be organized for laboratory technicians from ASA's network of VCT service centers in early May, which will launch self-administered HIV testing with same-day results throughout the system.
- Mentoring of the integrated HIV management pilot program at the Sutomo Hospital in Surabaya will continue, including work on finalizing training modules and a one-week test training for doctors, nurses, and case managers in late June.
- An advanced training in care, support, and treatment for staff from the 25 hospitals selected as HIV treatment centers will be held from April 25 to 30 in Bekasi in collaboration with the MOH.

- ASA will continue to assist the MOH to monitor HIV management within the 25 hospitals already trained by the MOH throughout this quarter.
- The design and schedule for the three pilot response mapping workshops will be finalized and budgeted, for submission to the Synergy Project for funding. Implementation is expected in June and July.
- Workshops to produce estimations of populations most at risk will be organized in two pilot provinces (North Sumatra and Central Java) during May, as the precursor to the response mapping workshops.
- Training in data management for provincial level staff from the local health services and BPS will be organized in East Java, Papua and Jakarta between April and May.
- A workshop to socialize the newly completed implementation guidelines for HIV prevention program in the workplace will be organized in Jakarta during May.
- An HIV/AIDS awareness campaign will be launched in the port of Tanjung Priok, Jakarta in early June in collaboration with APEK, KKP, KPA DKI, the port health office, the port administration office, YKB, KAKI, KKI, and IHPCP.

ABBREVIATIONS USED IN THE REPORT

APD	Asia Pacific Division
APINDO	The Indonesian Employers' Association
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASA Program	Aksi Stop AIDS Program
BCI	Behavior Change Intervention
BNN	Badan Narkotika Nasional (National Narcotics Agency)
BPS	Biro Pusat Statistik (Central Bureau of Statistics)
BSS	Behavior Surveillance Survey
MOH	Center for Communicable Disease Control (P2M)
CST	Care, Support and Treatment
DfID	Department for International Development
DKI Jakarta	Daerah Khusus Ibukota Jakarta (the provincial-level administrative unit covering Jakarta)
DPR	Dewan Perwakilan Rakyat (House of Representatives)
DPRD	Dewan Perwakilan Rakyat Daerah (Province or District-level People's Representative Council)
FHI	Family Health International
FSW	Female Sex Worker
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GOI	Government of Indonesia
GIPA	Greater Involvement of People with HIV/AIDS
HIV	Human Immunodeficiency Virus
IA	Implementing Agency
IDU	Injecting Drug User/Injection Drug Use
IEC	Information, Education and Communication
IFPPD	Indonesian Forum of Parliamentarians on Population and Development
IHPCP	Indonesia HIV/AIDS Prevention and Care Project Phase 2 (AusAID)
ILO	International Labour Organization of the United Nations
KPA	Komisi Penanggulangan AIDS (National AIDS Commission)
KPAD	Komisi Penanggulangan AIDS Daerah (Regional AIDS Commission)
KKI	Komite Kemanusiaan Indonesia
MOH	Ministry of Health
MOL&HR	Ministry of Law and Human Rights
MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
OSH	Occupational Safety and Health
P2M	Dit. Pemberantasan Penyakit Menular (Directorate of Communicable Disease Control)
PLWHA	People Living With HIV/AIDS

PSA	Public Service Announcement
RP	Result Package
RRF	Rapid Response Fund
SA	Subagreement
STI	Sexually Transmissible Infection
TA	technical assistance
TOT	Training of Trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VCT	Voluntary counseling and testing
waria	Male transvestite/transsexual
WHO	World Health Organization
(Dit. Jen.)Yanmed	(Directorate General of) Medical Care